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Bib Data Sheet

CONFIRMATION NO. 6718

SERIAL NUMBER 09/890,670	FILING DATE 08/03/2001 RULE	CLASS 128	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. 64251-033
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APPLICANTS

Lars Wild, Bad Salzdetfurth, GERMANY;

**** CONTINUING DATA *******

THIS APPLICATION IS A 371 OF PCT/DE00/00266 01/29/2000

**** FOREIGN APPLICATIONS *********** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 1	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

Robert E Muir
Husch & Eppenberger
401 Main Street Suite 1400
Peoria, IL 61602-1241

TITLE

Device for attenuating sound on the human ear

FILING FEE RECEIVED 439	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 890670 ✓ RECEIPT DATE: 08 / 03 / 01 ✓
IA NUMBER: PCT/ DE00 / 00266 ✓ IA FILING DATE: 01 / 29 / 00 ✓
FAMILY NAME: WILD ✓ DELAY WAIVED (Y/N): N ✓
GIVEN NAME: LARS ✓ DEMAND RECEIVED (Y/N): Y ✓
PRIORITY CLAIMED (Y/N): Y ✓ PRIORITY DATE: 02 / 05 / 99 ✓
NO BASIC FEE (Y/N): N ✓ US DESIGNATED ONLY (Y/N): N ✓
ATTORNEY DOCKET NUMBER: 64251-033 ✓ COUNTRY: ✓
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000
FAX
NAME: ROBERT E MUIR ✓
HUSCH & EPPENBERGER ✓
STREET: 401 MAIN STREET SUITE 1400 ✓
CITY: PEORIA ✓
STATE/COUNTRY: IL ✓ ZIP: 616021241 ✓
EMAIL:
APPLICATION TITLES:
DEVICE FOR ATTENUATING SOUND ON THE HUMAN EAR ✓

TAB TO LAST POSITION,PUSH SEND